



**Leander Police Department
ADVANCED Citizen's Police Academy
Application for Enrollment**



Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City/State: _____ Zip Code: _____

Cell Phone #: _____ DL # /State: _____

Home Phone #: _____ Alternate Phone #: _____

Email Address: _____

Best Way to reach you on short notice:

Cell Phone

Email

Other: _____

Are you currently a member of the LCPAAA?

YES

NO

What year did you join the LCPAAA?

Are you a part of the Leander Citizen Patrol?

YES

NO

What year did you graduate the Basic CPA?

Who was your Basic CPA Class Coordinator?

Have you ever attended the Advanced CPA before?

YES

NO

What Year?

I authorize the Leander Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Advanced Citizen's Police Academy.

Signature: _____

Date: _____

Please Mail, Email, or Hand Deliver completed form to:



Community Services Officer
Leander Police Department
705 Leander Drive
Leander, TX 78641
512-528-2821

CommunityServices@leandertx.gov